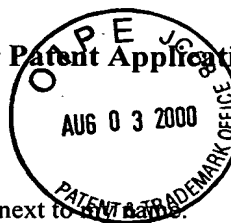


# Supplemental Declaration for Patent Application



Docket Number: 0609.4350001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled Identification of Agents For Use in the Treatment of Alzheimer's Disease, the specification of which is attached hereto unless the following box is checked:

- ☒ was filed on September 8, 1999;  
as United States Application Number or PCT International Application Number 09/380,704; and  
was amended on September 8, 1999.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application, which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

_____	_____
(Application No.)	(Filing Date)
_____	_____
(Application No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>PCT/US98/04683</u>	<u>11 March 1998</u>	<u>published</u>
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)
<u>08/816,122</u>	<u>11 March 1997</u>	<u>abandoned</u>
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)


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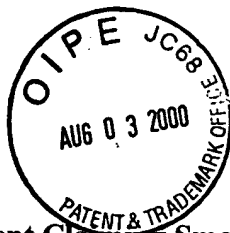
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor	Ashley I. BUSH
Signature of sole or first inventor	Date
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Citizenship	Australia
Post Office Address	same as above
Full name of second inventor	Xudong HUANG
Signature of second inventor	Date
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Full name of third inventor	Craig S. ATWOOD
Signature of third inventor	X  X6/28/00 Date
Residence	Cleveland, Ohio
Citizenship	Australia
Post Office Address	Institute of Pathology, Rm 403, Case Western Reserve University, 2085 Adelbert Rd., Cleveland, Ohio 44106

Full name of fourth inventor	Rudolph E. TANZI
Signature of fourth inventor	Date
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Full name of fifth inventor	
Signature of fifth inventor	Date
Residence	
Citizenship	
Post Office Address	

PAUSERS\skvidovic\0609435000\1435-1.declaration.wpd  
SKGF Rev. 9/2/98 mac

(Supply similar information and signature for subsequent joint inventors, if any)



Docket No.: 0609.4350001/REF/KKV

MGH Ref: 1163.1

Application No.: 09/380,704

#9

**Statement Claiming Small Entity Status  
(37 C.F.R. §§ 1.9(e) and 1.27(d)) -- Nonprofit Organization**

Applicant or Patentee: Bush et al.

Appl. or Patent No.: 09/380,704

Attorney Docket No. 0609.4350001/REF/KKV

Int'l Filing Date: March 11, 1998

For: Identification of Agents for Use in the Treatment of Alzheimer's Disease

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION The General Hospital Corporation

ADDRESS OF NONPROFIT ORGANIZATION 55 Fruit Street, Boston, Massachusetts 02114

**TYPE OF NONPROFIT ORGANIZATION**

- DJL* ☒ University or other institution of higher education  
☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))  
☐ Nonprofit scientific or educational under statute of state of The United States of America  
(Name of state \_\_\_\_\_)  
(Citation of statute \_\_\_\_\_)  
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)) if located in The United States of America  
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located in The United States of America  
(Name of state \_\_\_\_\_)  
(Citation of statute \_\_\_\_\_)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention must file a separate statement indicating their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization having any rights in the invention (other than the nonprofit organization named above) is listed below:

- ☐ no such person, concern, or organization exists.  
☒ each such person, concern, or organization is listed below:

NAME Prana Corporation Pty. Ltd.

ADDRESS Level 1, 100 Dorcas Street, South Melbourne, Victoria 3205, AUSTRALIA

( ) INDIVIDUAL (✓) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

DAVID J. GLASS, Ph.D.

OFFICE OF CORPORATE SPONSORED RESEARCH AND LICENSING

MASSACHUSETTS GENERAL HOSPITAL

13th ST., BLDG. 149, SUITE 1101

CHARLESTOWN, MA 02129

NAME OF PERSON SIGNING ASSOCIATE DIRECTOR FOR PATENTS

TITLE IN ORGANIZATION OFFICE OF TECHNOLOGY AFFAIRS

ADDRESS OF PERSON SIGNING \_\_\_\_\_

SIGNATURE [Signature]

DATE June 12, 2000